

2024 Police Youth Live-In Camp

Application

ONLY APPLICATIONS ACCOMPANIED BY A RECOMMENDATION FORM WILL BE ACCEPTED

Application Deadline is March 1, 2024

PLEASE PRINT

Name: _____

Parent/Guardian: _____ Email Address: _____

Address: _____

City: _____ Zip: _____ Phone: _____ Cell: _____

Birthdate: _____ Current Age: _____ Male Female Race: _____

School Attending: _____ Free/Reduced Lunch:

School Phone Number: _____ Counselor/Teacher Name: _____

Authorization for Records Check:

This is to authorize the Little Rock or appropriate school district/system to review and release the records of:

_____ (Please PRINT child's name), for the purpose of admission to the Police Youth Live In program. Pursuant to this application, I understand that this information will be used for the limited purpose of helping to determine the admissibility of your child to this program. Such information will be kept confidential and used for above mentioned limited purposes only.

Signature of Parent/Guardian: _____

Please Print the Signature Name Below: _____

Date: _____

Health Information:

List any medication the applicant takes and for what condition: _____

Does the applicant have any limitation in physical activities? If so, please explain: _____

SPACE IS LIMITED, PLEASE SECURE YOUR SPACE BY MAILING OR DROPPING OFF YOUR APPLICATION AT 615 WEST MARKHAM.

